



State Form 51255 (3/03)

Confined Feeding Operation COMPLETED CONSTRUCTION AFFIDAVIT

Important: This affidavit must be filled out, notarized and returned to:

**IDEM, Office of Land Quality – Permits Branch
100 North Senate Avenue
PO Box 6015
Indianapolis, IN 46206-6015**

within 30 days of completed construction AND prior to the introduction of animals.

This form may be used multiple times during a phased construction project. Should you desire to populate a completed barn prior to completion of the remaining construction, this form must be submitted.

_____, being first duly sworn upon oath, deposes and says:
(Owner / Operator Name)

1. I live in _____ County, Indiana, and being of sound mind and over twenty-one years of age, I am competent to give this affidavit.
2. I am legally authorized to make the representations in this Affidavit on behalf of _____, the recipient of approval number AW- _____ issued on _____.
3. I know and understand the requirements for construction of the confined feeding operation as imposed by the approval.
4. I have personal knowledge of the construction of the confined feeding operation that is the subject of the approval.
5. As required by Indiana Code 13-18-10, I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONFINED FEEDING OPERATION (or a portion of the facility) WAS CONSTRUCTED IN ACCORDANCE WITH THE APPROVAL LETTER FROM THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT, IC 13-18-10, AND 327 IAC 16.
6. _____ (Initial here if this section applies). I have submitted written notification to IDEM of any changes to the facility, allowed by 327 IAC 16-7-5(b), after the approval letter was effective.
7. As required by Indiana Code 13-18-10, I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONFINED FEEDING OPERATION WILL BE OPERATED IN ACCORDANCE WITH THE APPROVAL LETTER FROM THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT, IC 13-18-10, AND 327 IAC 16.

I affirm under penalty of perjury that the representations contained in this affidavit are true, to the best of my information and belief.

Signature of Affiant

Printed Name of Affiant

Date

STATE OF INDIANA COUNTY OF _____

Before me as a Notary Public in and for said County and State, _____ personally appeared and being duly sworn by me upon oath, says that the facts stated in the foregoing instrument are true. Signed and sealed this _____ day of _____, 20____.

Signature: _____
Printed Name: _____
My Commission Expires: _____
Resident of _____ County